

# **NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Division of Mental Health, Developmental Disabilities and Substance Abuse  
Services**

## **DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE ASSESSMENT REPORT**

Prepared for:

**NORTH CAROLINA GENERAL ASSEMBLY  
JOINT LEGISLATIVE COMMISSION ON  
GOVERNMENTAL OPERATIONS**

Prepared by:

**DOUG BAKER  
KEN HELTON  
DWI QUALITY IMPROVEMENT SERVICES  
DWI/CRIMINAL JUSTICE BRANCH  
SUBSTANCE ABUSE SERVICES SECTION  
and  
JUDY BOONE, STATISTICIAN,  
DATA OPERATIONS BRANCH  
INFORMATION TECHNOLOGY**

**February 2001**

## ABSTRACT

# **DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE ASSESSMENT REPORT**

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This is an annual report to the North Carolina General Assembly, initiated in the 1995 Legislative Session and required thereafter to be submitted to the Joint Legislative Commission on Governmental Operations. The objective of the report is to provide an overview of Substance Abuse Services provided to DWI offenders, which is a major component of the State's response to the problem of Driving While Impaired.

The report is generated from DWI Completion forms submitted within the fiscal year ending June 30, 2000 for individuals whose initial assessment occurred after January 1, 1996. The statistical sample on which this report is based is 27,411 individuals.

Tables within the report show the demographic characteristics of the group, with numbers and percentages for Sex, Race, Marital Status, Education and Age. The service recommended and completed are shown, both by numbers and percentages, of offenders referred to each of the defined service levels: 1. Alcohol/Drug Education Traffic School (ADETS), 2. Short-term Counseling, 3. Long-term Outpatient Treatment, 4. Intensive Outpatient Treatment, 5. Inpatient Treatment with Continuing Care, and, 6. Special Service plans for persons whose circumstances prevent participation in one of the other programs. The list of active facilities is shown by the DWI facility code, along with the number of clients placed in education (ADETS) and treatment. Finally, fees paid to providers by DWI offenders are shown as an average for the levels of service and contact hours.

# **NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

## **Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

### **DWI SUBSTANCE ABUSE ASSESSMENT REPORT**

**(July 1, 1999– June 30, 2000)**

#### **BACKGROUND:**

Ratification of Chapter 496 (HB 458) during the 1995 Session of the General Assembly imposed “additional conditions for the restoration of drivers license after a conviction for certain alcohol-related driving offenses and promotes compliance with these conditions.” This act became effective for persons arrested and convicted on or after January 1, 1996. A provision of this law directs the Department of Health and Human Services to provide an annual report on the substance abuse assessment process to the Joint Legislative Commission on Governmental Operations by February 1st each year.

Since 1909, North Carolina has had laws targeting DWI behavior and statewide programs aimed at identifying and intervening with the substance abuse problems among DWI offenders since 1980. North Carolina has contracted over the past nineteen years for external evaluations of this effort. These evaluations have resulted in the refinement of State statutes, development of program standards and promulgation of a set of rules for service providers (effective September 1994).

A complete review and revision of the rules governing providers of substance abuse services to DWI offenders was conducted in FY 2000. This project includes the input of key individuals representing area programs and private providers as well as staff of the Division. Omissions in the 1994 Rules were addressed and inadequacies which had come to light in the intervening years were corrected. These revised rules (10 NCAC 14V.3805-.3817) have been approved and will become effective on April 1, 2001.

Evaluations referenced in past reports have continued under an ongoing arrangement with the UNC-Chapel Hill Highway Safety Research Center. There is now a database of 191,519 convictions involving 167,167 individuals. Each year, as the database grows, more meaningful information is available for review. We can now study recidivism by demographic groups, by educational levels, age, marital status, region of the state and by the type and amount of services received. These individuals are now tracked for recidivism for three years. The compliance rate for individuals required to be assessed and participate in a specified level of education or treatment has increased to 57%. Furthermore, the tracking of recidivism now shows that individuals who comply with this requirement are 64% less likely to re-offend in one year, i.e., 8.1 % of the non-compliant individuals re-offended vs. 2.9% of those who received services. The difference in recidivism rates between those who receive services and those who do not confirms the positive impact of the services on repeat DWI offenses.

## **PROCESS:**

The Division filed an initial six- month report representing DWI offenders who completed their substance abuse services between January 1, 1996 – June 30, 1996. Subsequent reports cover the most recent complete fiscal year. Each report contains information extracted from the completion forms (Form 508R) received in this office during the year. The individuals represented are those who were convicted after January 1, 1996 but who completed their services in the fiscal year covered by the report. It does not include persons who were convicted prior to December 31, 1995, even though this office continues to receive completion forms for persons in this category. This information is added to a cumulative data base for study, but the information contained in this report is limited to those individuals who were convicted after January 1, 1996 and who completed services between July 1, 1999 and June 30, 2000.

The individuals represented were:

1. Arrested and convicted of Driving While Impaired, commercial DWI, or driving while less than 21 years old after consuming alcohol or drugs;
2. Received a substance abuse assessment in accordance with State law; and
3. Completed the educational component “Alcohol and Drug Education Traffic School” (ADETS) or the required level of treatment during the current fiscal year.

The statistical information to follow describes a group of 27,411 DWI CERTIFICATES OF COMPLETION (DMH 508-R) FORMS received in the report period (July 1,1999-June 30, 2000). These Certificates document that offender/clients satisfied the three conditions cited above.

**The DMH 508-R Form** was originated in 1987 and was revised effective January 1, 1996 to facilitate collection of data for the annual reports. A single copy of this four-page form serves as **ATTACHMENT A**. This form is important to the offending population. It is the only documentation accepted by the Division for Mental Health, Developmental Disabilities and Substance abuse Services and the Division of Motor Vehicles to remove the “stop” that is entered on a convicted DWI offender’s driving record; and thus requires a substance abuse assessment and ADETS or treatment.

When the provider determines that the required services have been completed, the form is forwarded to the Division's Substance Abuse Services Section where it is reviewed for accuracy and compliance with state statutes and administrative rules. The original top copy is delivered to the Division of Motor Vehicles, usually within twelve hours. The second copy is forwarded in a weekly batch to the Data Support Branch of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services to be added to the database used for this Report.

## **SUMMARY OF FINDINGS:**

- It appears that many of the offenders convicted of DWI are currently failing to comply fully with the required substance abuse intervention sanctions during the initial year of driver license revocation. A statewide system to track offender compliance is recommended to determine if individuals are in the process of complying or continuing to operate a motor vehicle without complying with the mandated sanctions. A tracking system would require a cooperative working relationship between this Division, the Division of Motor Vehicles and the Administrative Office of the Courts.
- It appears from a review of the data in Attachment E that the percentage of facility referrals to ADETS and treatment has become more consistent. When we first began to look at referral patterns as an indicator of effective assessment, the extremes of variance from the norm were astonishing. On January 1, 1998, the Substance Abuse Services Section was empowered by the Division of Facility Services (the facility licensing agency) to monitor and enforce both the core license and the DWI specific rules. This led to the development of a DWI Quality Improvement Initiative, one of the objectives of which was to address such behavior on the part of providers.
- Offenders are completing the levels of services matched to their assessed level of need.
- Average amounts being charged and paid by offenders for treatment services are quite low. While it is reassuring to see that clients are not being overcharged, a concern is raised regarding quality. Experience and research has demonstrated that effective clinical interventions, such as those required to change DWI behavior, include a reasonable staff to client ratio, a degree of individualized care and individual attention from an experienced counselor. It is an objective of the DWI Quality Improvement Initiative to see that providers do not hold down costs by providing substandard and ineffective services. Treating high numbers of people inadequately, if cheaply, will not contribute to a reduction in DWI behavior. The ultimate objective is public safety, i.e., saving lives.
- Additional monitoring of DMH 508-R Forms is needed to minimize missing data elements.

## **INFORMATION REQUESTED (G. S. 122C - 142.1 [I] Report)**

**(1) The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring the person's drivers license under G. S. 20-17.6**

The following statistical information was obtained from data generated by the Information Services Division of the Administrative Office of the Courts for persons convicted of alcohol-related driving offenses during the 1999-2000 State fiscal year.

<b>CHARGE CONVICTED FY 1999-2000</b>	
<b>DWI ( Levels 1-5)</b>	<b>68,929</b>
<b>DWI ( aid and abet)</b>	<b>1,961</b>
<b>Driving after consuming under age 21</b>	<b>6,586</b>
<b>DWI (commercial vehicle)</b>	<b>137</b>
<b>Habitual DWI*</b>	<b>568</b>
<b>TOTAL</b>	<b>78,181</b>

\*Note: Currently offenders convicted of habitual DWI in North Carolina cannot ever be re-licensed to operate a motor vehicle.

All persons arrested and convicted of DWI offenses on or after January 1, 1996 are notified by the Division of Motor Vehicles of their obligation to obtain a substance abuse assessment and to comply with the recommendations prior to being eligible for license reinstatement in this or other states. Persons are also to be notified that if they fail to comply with these intervention sanctions, they may be arrested and charged with the more serious charge of "driving while license revoked" (prior to January 1, 1996, the chargeable offense was "no operator's license").

In addition, ratification of S. L. 1997-379 (HB 448) - AN ACT TO IMPLEMENT THE GOVERNOR'S RECOMMENDATIONS ON DRIVING WHILE IMPAIRED; effective December 1, 1997 mandated trial judges to include these intervention provisions as a condition of a probationary sentence. This amendment is anticipated to increase the rate of compliance by offenders. It is noted however, that in addition to any court imposed probationary sanctions or amended orders, offenders must continue to comply with the provisions of the administrative system in order to be licensed to operate a motor vehicle.

**(2) The number of substance abuse assessments conducted during the previous year for the purpose of obtaining a certificate of completion as required by North Carolina General Statute 122C-142.1 (I) (2).**

Since state laws require offenders to obtain a substance abuse assessment and an intervention service based upon the results, the DWI Certificate of Completion (DMH 508-R) Form is forwarded only after both conditions are satisfied. During this report period, twenty-seven thousand four hundred eleven (27,411) forms meeting these criteria were forwarded to the Substance Abuse Services Section, processed and forwarded to the Division of Motor Vehicles.

Independent of this database, providers are required in current and revised rules (10 NCAC 14V.3811 (g)) to submit a report tabulating the initial assessments provided in the previous year. The report must show the status of the client at the time of assessment, i.e., pre-trial or post-trial, and the number placed in each level of service. In the most recent year available (1999), 42,171 initial DWI assessments were reported. However, 52% of these individuals were pre-trial at the time of the assessment, and a significant portion of them were not subsequently convicted. The Division is exploring ways of tracking individuals from assessment through the complete range of services and reinstatement of the license. However, the tracking of persons in a pre-trial status presents a unique challenge because an individual is not a DWI offender until he or she is convicted. The voluntary option to seek services before trial is considered to be of much value in the total intervention process which reduces the significance of this problem.

**Attachment B** documents the **characteristics of DWI offenders** in this study and are as follows: white (70%), males (81%), never married (41%) and completed high school or received a GED education (37%). The age grouping of offenders is of particular interest since **45% are between 21 and 34 years of age**. According to the National Highway Traffic Safety Administration (NHTSA), this population is involved in 50% of the alcohol related highway fatalities annually. It is imperative to intervene with this legal but lethal driving population to have any chance of reducing alcohol related highway fatalities to the National goal of 11,000 by 2005.

**Attachment C**, in part, indicates the highest alcohol content found in this group of offenders is 0.42%, a lethal dose for most persons, and a mean of 0.13% which is one and a half times greater than the *per se* definition of impairment (0.08%) in North Carolina. However, this “mean” reading is significantly lower than the 0.19% mean documented in the 1998 edition of this report. The number of prior DWI convictions ranged from “0” to “13” with 9,444 or 34% being convicted of at least one prior offense. This is a decrease from the 37% of multiple offenders who completed the intervention process during fiscal year 98-99. These findings provide both a unique opportunity and a challenge to appropriately match the level of substance abuse services to the needs exhibited by these offenders/clients

These findings also support the notion that the majority of persons convicted of DWI are in need of substance abuse treatment rather than an educational program. As shown in the chart below, seventy four percent (74%) completed a level of treatment. This is an increase of thirteen percentage points over the number reported in the 1998 (61%).

**(3.) Of the number of assessments reported under subdivision (2) of this subsection, the number recommending attendance at an ADET school, the number recommending treatment and, for those recommending treatment, the level of treatment recommended as required by North Carolina General Statute 122C-142.1 (I) (3).**

<b>Service Level Recommended</b>	<b># of Assessments</b>	<b>% of Assessments</b>
<b>ADET School</b>	<b>7,097</b>	<b>25.89</b>
<b>All Treatment Levels</b>	<b>20,314</b>	<b>74.11</b>
<b>*Short term</b>	<b>12,988</b>	<b>47.38</b>
<b>*Long term</b>	<b>5,522</b>	<b>20.15</b>
<b>*Intensive outpatient</b>	<b>970</b>	<b>3.54</b>
<b>*Inpatient and continuing care</b>	<b>469</b>	<b>1.71</b>
<b>*Special services plan</b>	<b>135</b>	<b>0.49</b>
<b>Unknown</b>	<b>230</b>	<b>0.84</b>
<b>TOTALS:</b>	<b>27,411</b>	<b>100.00</b>

**\*The above levels of treatment are based upon patient placement criteria developed and accepted by the American Society of Addiction Medicine. North Carolina is one of a few states that hold both public and private providers of DWI treatment services to such high standards.**

Services are based upon minimum formulas of hours and days. For example, the minimum service plan accepted for “short term” treatment is twenty hours of treatment extending over at least thirty days; hence the abbreviation symbol “20/30”. These minimum hour/day combinations apply to each of the treatment levels. “Special Services Plans” are developed for persons who exhibit unusual circumstances. See **Figure 1** for DWI service levels definitions and an illustration of the recommended services levels.

**(4.) Of the number of persons recommended for an ADET School or treatment under subdivision (3) of this subsection, the number who completed the school or treatment as required by North Carolina General Statute 122C-142.1 1) (4).**

The chart in **Attachment C** shows the ADETS and treatment levels actually completed as distinct from the level recommended by the assessor. A majority of clients completed at least the level of service that was originally recommended. Seventy-four (74) persons completed a higher level of treatment while two hundred fifty two (252) completed a lower level. There are cases where the level of treatment recommended is not readily available. For example, intensive outpatient services are not available in every county of the State. In other situations, clients may be moved to a more intense level of treatment based upon individual needs surfaced in the therapeutic process.



**The percentages for successfully completing the recommended service levels are as follows:**

ADETS – 100%,  
Short term treatment – 99.7%,  
Long term treatment – 97.7%,  
Intensive outpatient treatment – 91.6%,  
Residential treatment followed by continuing care – 87.3%.

Administrative rules promulgated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services specifically require under 10 NCAC 14V.3810(b), RESPONSIBILITIES OF TREATMENT AND ADETS PROVIDERS, that “Any facility accepting a transferred case shall provide the level of intervention required by the assessor, unless there is a subsequent negotiated agreement between the assessor and the service provider at which time a corrected DMH-508R shall be completed by the assessor.”

**(5.) The number of substance abuse assessments conducted by each facility and, of these assessments, the number that recommended attendance at an ADET school and the number that recommended treatment as required by North Carolina General Statute 122C-142.1 (I) (5).**

The number of assessments conducted by all public and private licensed facilities and subsequent referrals to the various treatment levels are shown in **Attachment D**. Together, service providers referred 7,097 individuals to the educational program ADETS and 20,314 to treatment. Twenty six percent (25.89%) of the individuals referred were to ADETS, which is consistent with the averages reported independently by both public and private treatment services. Forty three percent (43%) of assessments reported for this year were conducted pre-trial, affording the defendant a mitigating factor for consideration by the trial judge and also making first offenders eligible for consideration for limited driving privileges. **Figure –2** graphically demonstrates that DWI offenders/clients overwhelmingly completed the service level that was recommended by the assessing agency. Attachment **E** is an accounting of assessments conducted by each licensed facility for the clients completing in FY2000, and their referrals to ADETS or treatment by the facility identification number assigned by the Substance Abuse Services Section.

**(6.) The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility’s costs in providing those services as required by North Carolina General Statute 122C-142.1 (I) (6).**

The Legislature established the DWI substance abuse assessment fee at \$50.00 and the fee for the ten to twelve hour educational program ADETS at \$75.00. An additional minimum fee of \$75.00 was set by Statute to offset the costs of treatment. Service providers may charge additional fees for treatment; however, the public system providers may not delay nor deny services pending the up front payment of fees. All providers are allowed to delay forwarding the DWI Certificates of Completion Form (DMH 508-R) to the State Substance Abuse Services office pending the receipt of fees which the client has agreed to pay. The average amounts of fees charged and received are documented in **Attachment F**.



**DWI 508-R FORM\***  
**DEMOGRAPHIC CHARACTERISTICS**

<b>CHARACTERISTICS</b>	<b># DWI OFFENDERS (N=27411)</b>	<b>% DWI OFFENDERS</b>
<b>SEX:</b>		
Male	22198	80.98%
Female	5020	18.31%
Unknown	193	0.70%
<b>RACE:</b>		
White	19192	70.02%
African American	4945	18.04%
Native American	229	0.84%
Asian/Pacific Islander	185	0.67%
Hispanic	2452	8.95%
Other/Unknown	408	1.49%
<b>MARITAL STATUS:</b>		
Never Married	11350	41.41%
Married	7986	29.13%
Divorced	4729	17.25%
Separated	1958	7.14%
Widowed	412	1.50%
Other/Unknown	976	3.56%
<b>EDUCATION:</b>		
Less than 6th grade	685	2.50%
Less than 9th grade	1620	5.91%
Less than 12th grade	5261	19.19%
HS grad/GED	10250	37.39%
Some College	6134	22.38%
Bachelor's Degree	2031	7.41%
Graduate Degree	371	1.35%
Other/Unknown	1059	3.86%
<b>AGE GROUP:</b>		
0-14	46	0.17%
15-18	1297	4.73%
19-20	2186	7.97%
21-24	3962	14.45%
25-34	8263	30.14%
35-44	6951	25.36%
45-54	3173	11.58%
55-64	1055	3.85%
Over 64	352	1.28%
Other/Unknown	126	0.46%